



**CASES ILLUSTRATING THE BENEFICIAL EFFECT OF PLASTIC OPERATIONS  
UPON THE FACE FOR THE CURE OF CICATRICIAL AND  
CONGENITAL DEFORMITIES.<sup>1</sup>**

*presented*

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I HAVE brought three cases before the Society as illustrations of what can be done for remedying the disfigurement which may occur from burns, and to show the importance of reparative surgery when large tumors are removed from the face and head.

**CASE I.**—This colored woman some years ago fell against a range while having an epileptic fit. She burned the side of her nose, cheek and lips to such an extent that the sloughing left great deformity. The left side of the nose was totally destroyed by the sloughing and the tip of the nose pulled to the left by the contraction of the scar which obliterated the nostril. The upper lip was drawn up and the lower lip pulled downward and everted. The first operative treatment consisted in cutting the nose loose from the cheek on the left side, thereby opening up the left nasal chambers, and turning into the opening so made a large flap from the forehead. The pedicle of this flap lay across normal tissue at the top of the nose. After adhesion had taken place below, this bridge made by the base of the flap was cut loose and the stump turned up again upon the forehead to aid in covering the space left by the dissection of the flap.

This operation gave much better appearance to the nose, but the nostril which I made then has now become almost closed by cicatricial contraction. This could probably be remedied if the woman cared to submit to further operation. The lips were greatly improved by plastic operations made by means of V-shaped incisions similar to those used in correcting eversion of the eyelids.

**CASE II.**—This white woman, an epileptic, also fell against a stove and burned the left side of her face so that the eyelids and globe, a portion of the ala of the nose, and the upper and lower lip on the left side were largely destroyed. I have operated upon her some fourteen or fifteen times in order to repair the deformity caused by the sloughing. An upper eyelid was made by taking a flap from the forehead, including a portion of the hairs of the eyebrow. These hairs serve as eyelashes upon the reconstructed lid, and she uses some black pigment in the region of the eyebrow to make the partial absence of hair there less conspicuous. The upper lip has been repaired, so as to avoid the unseemly showing of her teeth, by a large flap with a pedicle near the tragus taken from the temporal region. Something was gained in giving length to the upper lip by drawing the tissue from the other side of the face. This was accomplished by detaching the lip on the right side from the nose. The lower lip was turned inward in order to prevent the continual overflow of saliva, by slipping upward the tissues of the chin and closing the wound in the neck by making lateral dissection of the edges of the wound.

The many plastic procedures which were required by this case need not be detailed, but it will be seen from comparison with her photograph that her countenance has been made much less disfiguring. The left side of the face is, of course, almost immobile as far as facial expression is concerned, because the cicatricial contraction of the deep burn affected the muscles of the face as well as the skin. I, of course, have only been able

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to replace the cutaneous and subcutaneous structures, and have not been able to provide any substitutes for the underlying destroyed muscular tissue. In cases of such gravity as this it is impossible to get motion so as to reproduce the true facial expression. The absence of disfiguring contractions, however, is very satisfactory to the patient in such extensive deformities. The fact that the woman has submitted to repeated operations shows how much she feels that she has been benefited. For a long time she would not appear before people without having the left side of her face covered. At the present time she is no longer timid in this respect, since the plastic operations, combined with the wearing of an artificial eye and the pigmentation of the eyebrow, make her feel comparatively inconspicuous.

CASE III.—This man had a remarkable congenital deformity, consisting of a mass of hypertrophied skin and subcutaneous tissue which hung down over the left side of the face and eye in a pendulous manner. The tumor is a congenital hypertrophy of the skin and subcutaneous tissue. It involved nearly the whole of the left side of the scalp, the left side of the forehead and the left cheek. He is unable to use his left eye because of the great mass hanging down from the brow. This condition, sometimes called congenital elephantiasis, is not a true

elephantiasis, but a simple hypertrophy of the skin and subcutaneous tissue. The tumor has grown as the man grew, but has not involved any additional areas. It is, of course, non-malignant.

A week ago I cut away all of the growth which existed below the line of the eye, leaving the whole cheek denuded of cutaneous covering. I then dissected a large cellulose-cutaneous flap from the back and side of the neck with a pedicle behind the ear and twisted this in position. Union has taken place almost completely by first intention, and the granulated wound left by the transfer of tissue is healing nicely. I would have put skin grafts upon it, but did not desire to prolong the operation, which was rather a bloody one. I shall at a future time remove the pendulous and hypertrophied tissue from the forehead and brow and perhaps also remove that from the scalp. I shall replace the skin of the forehead with a flap from the back of the left forearm somewhat as a nose is made by the Italian method.

I have presented these patients, with photographs showing their original condition, because I believe that many patients and some physicians do not realize what can be done to relieve the unfortunate victims of such distressing deformities.